

OPTIONAL APPLICATION FOR FEDERAL EMPLOYMENT - OF 612

You may apply for most jobs with a resume, this form, or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job.

1 Job title in announcement		2 Grade(s) applying for	3 Announcement number
4 Last name	First and middle names		5 Social Security Number
6 Mailing Address			7 Phone Numbers (incl area code) Day () Eve ()
City	State	Zip Code	

WORK EXPERIENCE

8 Describe your paid and nonpaid work experience related to the job for which you are applying. Do not attach job descriptions.

1) Job Title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

2) Job Title (if Federal, include series and grade)

From (MM/YY)	To (MM/YY)	Salary \$	per	Hours per week
Employer's name and address				Supervisor's name and phone number ()
Describe your duties and accomplishments				

9 May we contact your current supervisor?

YES [] **NO** [] if we need to contact your current supervisor before making an offer, we will contact you first.

EDUCATION

10 Mark highest level completed. **Some HS** [] **HS/GED** [] **Associate** [] **Bachelor** [] **Master** [] **Doctoral** []

11 Last high school (HS) or GED school. Give the school's name, city, State, ZIP Code (if known), and year diploma or GED received.

12 Colleges and universities attended. Do **not** attach a copy of your transcript unless requested.

1) Name			Total Credits Earned		Major(s)	Degree - Year (if any) Received
			Semester	Quarter		
City	State	Zip Code				
2)						
3)						

OTHER QUALIFICATIONS

13 **Job-related** training courses (give title and year). **Job-related** skills (other languages, computer software/hardware, tools, machinery, typing speed, etc.). **Job-related** certificates and licenses (current only). **Job-related** honors, awards, and special accomplishments (publications, memberships in professional/honor societies, leadership activities, public speaking, and performance awards). Give dates, but do **not** send documents unless requested.

GENERAL

14 Are you a U.S. citizen? **YES** [] **NO** [] **▶** Give the country of your citizenship. _____

15 Do you claim veterans' preference? **NO** [] **YES** [] **▶** Mark your claim of 5 or 10 points below.

5 points [] **▶** Attach your DD 214 or other proof. **10 points** [] **▶** Attach an *Application for 10-Point Veterans' Preference* (SF 15) and proof required.

16 Were you ever a federal civilian employee?

NO [] **YES** [] **▶** For highest civilian grade give: Series _____ Grade _____ From _____ To _____

17 Are you eligible for reinstatement based on career or career-conditional Federal status?

NO [] **YES** [] **▶** if requested, attach **SF 50 proof**.

APPLICANT CERTIFICATION

18 I **certify** that, to the best of my knowledge and belief, all of the information on and attached to this application is true, correct, complete and made in good faith. I **understand** that false or fraudulent information on or attached to this application may be grounds for not hiring me or for firing me after I begin work, and may be punishable by fine or imprisonment. I **understand** that any information I give may be investigated.

SIGNATURE

DATE SIGNED

GENERAL INFORMATION

You may apply for most Federal jobs with a resume, the attached Optional Application for Federal Employment or other written format. If your resume or application does not provide all the information requested on this form and in the job vacancy announcement, you may lose consideration for a job. Type or print clearly in dark ink. Help speed the selection process by keeping your application brief and sending only the requested information. If essential to attach additional pages, include your name and Social Security Number on each page.

- For information on Federal employment, including job lists, alternative formats for persons with disabilities, and veterans' preference, call the U.S. Office of Personnel Management at 912-757-3000, TDD 912-744-2299, by computer modem 912-757-3100, or via the Internet (Telnet only) at FJOB.MAIL.OPM.GOV.
- If you served on active duty in the United States Military and were separated under honorable conditions, you may be eligible for veterans' preference. To receive preference if your service began after October 15, 1976, you must have a Campaign Badge, Expeditionary Medal, or a service-connected disability. Veterans' preference is not a factor for Senior Executive Service jobs or when competition is limited to status candidates (current or former career or career-conditional Federal employees).
- Most Federal jobs require United States citizenship and also that males over age 18 born after December 31, 1959, have registered with the Selective Service System or have an exemption.
- The law prohibits public officials from appointing, promoting, or recommending their relatives.
- Federal annuitants (military and civilian) may have their salaries or annuities reduced. All employees must pay any valid delinquent debts or the agency may garnish their salary.
- Send your application to the office announcing the vacancy. If you have questions, contact that office.

THE FEDERAL GOVERNMENT IS AN EQUAL OPPORTUNITY EMPLOYER

PRIVACY ACT AND PUBLIC BURDEN STATEMENTS

- The Office of Personnel Management and other Federal agencies rate applicants for Federal jobs under the authority of sections 1104, 1302, 3301, 3304, 3320, 3361, 3393, and 3394 of title 5 of the United States Code. We need the information requested in this form and in the associated vacancy announcements to evaluate your qualifications. Other laws require us to ask about citizenship, military service, etc.
- We request your Social Security Number (SSN) under the authority of Executive Order 9397 in order to keep your records straight; other people may have the same name. As allowed by law or Presidential directive, we use your SSN to seek information about you from employers, schools, banks and others who know you. Your SSN may also be used in studies and computer matching with other Government files, for example, files on unpaid student loans.
- If you do not give us your SSN or any other information requested, we cannot process your application, which is the first step in getting a job. Also, incomplete addresses and ZIP Codes will slow processing.
- We may give information from your records to: training facilities; organizations deciding claims for retirement, insurance, unemployment or health benefits; officials in litigation or administrative proceedings where the Government is a party; law enforcement agencies concerning violations of law or regulation; Federal agencies for statistical reports and studies; officials of labor organizations recognized by law in connection with representing employees; Federal agencies or other sources requesting information for Federal agencies in connection with hiring or retaining, security clearances, security or suitability investigations, classifying jobs, contracting, or issuing licenses, grants, or other benefits; public or private organizations including news media that grant or publicize employee recognition and awards; and the Merit Systems Protection Board, The Office of Special Counsel, The Equal Employment Opportunity Commission, the Federal Labor Relations Authority, the National Archives, the Federal Acquisition Institute, and congressional offices in connection with their official functions.
- We may also give information from your records to: prospective nonfederal employers concerning tenure of employment, civil service status, length of service, and date and nature of action for separation as shown on personnel action forms of specifically identified individuals; requesting organizations or individuals concerning the home address and other relevant information on those who might have contracted an illness or been exposed to a health hazard; authorized Federal and nonfederal agencies for use in computer matching; spouses or dependent children asking whether the employee has changed from self-and-family to self-only health benefits enrollment; individuals working on a contract, service, grant, cooperative agreement or job for the Federal Government; non-agency members of an agency's performance or other panel; and agency-appointed representatives of employees concerning information issued to the employee about fitness-for-duty or agency-filed disability retirement procedures.
- We estimate the public reporting burden for this collection will vary from 20 to 240 minutes with an average of 40 minutes per response, including time for reviewing instructions, searching existing data sources, gathering data, and completing and reviewing the information. You may send comments regarding the burden estimate or any other aspect of the collection of information, including suggestions for reducing this burden to U.S. Office of Personnel Management, Reports and Forms Management Officer, Washington, DC 20415-0001.
- Send your application to the agency announcing the vacancy.

***STRAIGHT TALK ON . . . The Federal Job Search
A "3 - Step Process"***

Forget what you have heard about the complexities in finding a Federal job. We have made the process simple! Your job search for Federal career opportunities is now a "3 - Step Process".

Although the actual job search is your responsibility, the U.S. Office of Personnel Management (OPM) has developed the "Federal Employment Information Highway" to assist you along the way. The "Highway" is composed of 3 user-friendly systems that you can use to conduct your personal job search. These systems not only tell you the latest job openings, they provide job ready access to application materials, and also information on a wide range of Federal employment-related topics and programs (listings are updated daily).

Now you can perform your personal job search using your telephone, your personal computer, or by visiting our touch screen computer kiosks located in various locations nationwide.

**STEP 1: USE ANY OF THE AUTOMATED
SYSTEMS ON THE FEDERAL EMPLOYMENT
INFORMATION HIGHWAY**

Federal agencies list job opportunities on the Federal Employment Information Highway. Job seekers can use the "Highway" to find out about Federal career opportunities by using either of these three user-friendly systems. They are:

- OPM's Career America Connection at (912) 757-3000, TDD Service at (912) 744-2299, a telephone-based system that provides current worldwide Federal job opportunities,
- salary and employee benefits information, special recruitment messages and more. You can also record your request to have application packages, forms, and other employment related literature mailed to you. This service is available 24 hours a day, 7 days a week. Request Federal Employment Info Line factsheet EI-42, "Federal Employment Information Sources," for a complete listing of local telephone numbers to this nationwide network.
- OPM's Federal Job Opportunities "Bulletin" Board (FJOB) at (912) 757-3100, a computer-based bulletin board system that provides current worldwide Federal job opportunities, salaries and pay rates, general and specific employment information, and more. You must have a personal computer with a modem to access this system. Many of the jobs announced on the FJOB have complete text announcements attached which can be downloaded or viewed on-line, or you may leave your name and address to have application packages and forms mailed to you. This service is available 24 hours a day, 7 days a week. You may also contact us on the Internet via Telnet at FJOB.MAIL.OPM.GOV and File Transfer Protocol at FTP.FJOB.MAIL.OPM.GOV. Information about obtaining Federal job announcement files via Internet mail should be directed to:
INFO@FJOB.MAIL.OPM.GOV.
- Federal Job Information "Touch Screen" Computer, a computer-based system utilizing touch screen technology. These kiosks, located throughout the nation, in



The Federal Job Search . . . A "3 - Step Process"

OPM offices, Federal Office Buildings and other locations, allow you to access current worldwide Federal job opportunities, on-line information, and more with the touch of a finger. You can also leave a request to have application packages, forms and other employment related literature mailed to you. Request Federal Employment Info Line factsheet EI-42, "Federal Employment Information Sources," for a complete listing of the locations of our Touch Screen Computers.

We suggest you check the "Highway" frequently, since job listings on these systems are updated daily.

STEP 2: OBTAIN THE VACANCY ANNOUNCEMENT

Once you have found an opportunity that interests you, using **STEP 1**, you will need more information on the specific opportunity and appropriate application forms. You may obtain a copy of the vacancy announcement and a complete application package by leaving your name and address in one of the automated systems on the "Highway" or, when available, by downloading the actual announcement and any supplementary materials from the FJOB. The vacancy announcement is an important source of information. Most of the questions you may have will be answered as you read through the announcement. For example: closing/deadline dates for applications, specific duties of the position, whether or not a written test is required, educational requirements, duty location, salary, etc.

STEP 3: FOLLOW THE APPLICATION INSTRUCTIONS

You may apply for most jobs with a resume, or the Optional Application for Federal Employment (OF-612), or any written format you choose. For jobs that are unique or filled through automated procedures, you may be given special forms and/or instructions in the job announcement.

Although the Federal Government does not require a standard application form for most jobs, certain information is needed to evaluate your qualifications. If you decide to submit any other format, other than the OF-612, (i.e., a resume), the following information must be included:

Job Information- Announcement number, title and grade.

Personal Information- Full name, mailing address (with zip code), day and evening phone numbers (with area code), social security number, country of citizenship, veterans' preference, reinstatement eligibility, highest Federal civilian grade held.

Education- High school name, city and state, colleges or universities, name, city and state, majors and type and year of any degrees received (if no degree, show total credits earned and indicate whether semester or quarter hours).

Work Experience- job title, duties and accomplishments, employer's name and address, supervisor's name and phone number, starting and ending dates (month and year), hours per week, salary and indicate whether or not your current supervisor may be contacted. Prepare a separate entry for each job.

Other Qualifications- job related training courses (title and year), job related skills, job related certificates and licenses, job related honors, awards, and special accomplishments.

RACE AND NATIONAL ORIGIN IDENTIFICATION

(Please read the instructions and Privacy Act Statement before completing form)

Agency Use Only	Name (Last, First, Middle Initial)	Social Security Number	Birthdate (Month & Year)

Privacy Act Statement

You are requested to furnish this information under the authority of 42 U.S.C. § 2000e-16, which requires that Federal employment practices be free from discrimination and provide equal employment opportunities for all. Solicitation of this information is in accordance with Department of Commerce Directive 15, "Race and Ethnic Standards for Federal Statistics and Administrative Reporting."

This information will be used in planning and monitoring equal employment opportunity programs and to identify employees for inclusion in skill banks and referral pools.

Your furnishing this information is voluntary. Your failure to do so will have no effect on you or on your Federal employment. If you fail to provide the information, however, then

the employing agency will attempt to identify your race and national origin by visual perception.

You are requested to furnish your Social Security Number (SSN) under the authority of Executive Order 9397 (November 22, 1943). That Order requires agencies to use the SSN for the sake of economy and orderly administration in the maintenance of personnel records. Because your personnel records are identified by your SSN, your SSN is being requested on this form so that the other information you furnish on this form can be accurately included with your records. Your SSN will be used solely for that purpose. Your furnishing of your SSN is voluntary and failure to furnish it will have no effect on you; failure to provide it, however, may result in it being obtained from other agency sources.

Specific Instructions: The categories below are designed to identify your basic racial and national origin category. If you are of mixed racial and/or national origin, identify yourself

by the category with which you most closely identify yourself. Place an "X" in the box next to the appropriate category. NOTE: Mark **only ONE** box.

NAME OF CATEGORY (Mark ONE only)	DEFINITION OF CATEGORY
Categories for Use in All Jurisdictions Except Hawaii* and Puerto Rico	
A <input type="checkbox"/> American Indian or Alaskan Native	A person having origins in any of the original peoples of North America, and who maintains cultural identification through community recognition or tribal affiliation.
B <input type="checkbox"/> Asian or Pacific Islander	A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.
C <input type="checkbox"/> Black, not of Hispanic origin	A person having origins in any of the black racial groups of Africa. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic).
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins. Does not include persons of Portuguese culture or origin.
E <input type="checkbox"/> White, not of Hispanic origin	A person having origins in any of the original peoples of Europe, North Africa, or the Middle East. Does not include persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins (see Hispanic). Also includes persons not included in other categories.
Categories for Use in Puerto Rico	
D <input type="checkbox"/> Hispanic	A person of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico. Does not include persons of Portuguese culture or origin.
Y <input type="checkbox"/> Not Hispanic in Puerto Rico	A person not of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish cultures or origins whose official duty station is in Puerto Rico.

United States
OFFICE OF PERSONNEL MANAGEMENT

Form Approved
OMB No. 50-RO-616

BACKGROUND SURVEY QUESTIONNAIRE 79-2

GENERAL INSTRUCTIONS

The information from this survey is used to help insure that agency personnel practices meet the requirements of Federal law. Your responses are voluntary. Please answer each of the questions to the best of your ability. Please print entries in pencil or pen. Use only capital letters. Read each item thoroughly before completing the appropriate code number in each box.

Name (Last, First, MI)

Position for which you are applying

Date (Month, Day, Year)

PRIVACY ACT INFORMATION GENERAL

This information is provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals completing Federal records and forms that solicit personal information Authority Sections 1302, 3301, 3304, and 7201 of Title 5 of the U.S. Code

PURPOSE AND ROUTINE USES

The information from this survey is used for research and for a Federal equal opportunity recruitment program to help insure that agency personnel practices meet the requirements of Federal law. Address questions concerning this form and its uses to the Director, PRDC, Office of Personnel Management, Washington, D.C. 20415

EFFECTS OF NONDISCLOSURE

Providing this information is voluntary. No individual personnel selections are made based on this information.

INFORMATION REGARDING DISCLOSURE OF YOUR SOCIAL SECURITY NUMBER UNDER PUBLIC LAW 93-579, SECTION 7 (b)

Solicitation of the Social Security Number (SSN) by the Office of Personnel Management is authorized under provisions of Executive Order 9397, dated November 22, 1943. It is used to relate this form with other records that you file with Federal agencies and the Office of Personnel Management

1. Social Security Number

2. Year of Birth

3. Do you have any Physical Disability?

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(CC 1-9)

1	9		
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(CC 10-11)

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(CC 12)

1 - Yes
2 - No

4. How did you learn about the particular position or exam for which you are applying?
(You may select up to three choices)

- 01 — Private Information Service
- 02 — Magazine
- 03 — Newspaper
- 04 — Radio
- 05 — TV
- 06 — Poster
- 07 — Private Employment Office
- 08 — State Employment Office (Unemployment Office)
- 09 — Agency Personnel Dept. (Bulletin Board or Other Announcement)

- 10 — Agency or other Federal Government Recruitment at School or College
- 11 — Federal, State or Local Job Information Center
- 12 — Religious organization
- 13 — School or College Counselor or other official
- 14 — Friend or Relative Working for Agency
- 15 — Friend or Relative not Working for Agency
- 16 — Other (Specify) _____

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(CC 13-14)

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(CC 15-16)

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(CC 17-18)

5. Please categorize yourself in terms of the race, sex, and ethnic categories below. First read definitions of subcategories.

DEFINITIONS

The racial and ethnic categories for Federal statistics and administrative reporting are defined as follows:

ETHNICITY:

Hispanic. A person of Mexican, Puerto Rican, Cuban Central or South American, or other Spanish culture or origin, regardless of race

RACE:

American Indian or Alaskan Native. A person having origins in any of the original peoples of North America, and who maintains cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander. A person having origins in any of the original peoples of the Far East, Southeast Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example, China, India, Japan, Korea, the Philippine Islands, and Samoa.

Black. A person having origins in any of the black racial groups of Africa.

White. A person having origins in any of the original peoples of Europe, North Africa, or the Middle East.

A. Race

- 1 — American Indian or Alaskan native
- 2 — Asian or Pacific Islander
- 3 — Black 4 — White 5 — Other _____

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(CC 19)

(Specify)

B. Sex

- 1 — Male
- 2 — Female

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(CC 20)

C. Ethnicity

- 1 — Hispanic Origin
- 2 — Not of Hispanic Origin

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(CC 21)

FOR AGENCY USE ONLY

Date Received (Mo., Day, Yr.)

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(CC 22-27)

Occupational
Supplemental Code

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(CC 28-31)

Occupational
Series Code

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(CC 32-36)

Agency Code

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(CC 37-40)

Location

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(CC 41-44)

To Be Reproduced Locally

OPM Form 1386 (10/79)

**APPLICATION FOR 10-POINT
VETERAN PREFERENCE
(TO BE USED BY VETERANS & RELATIVES OF VETERANS)**

Form Approved:
O.M.B. No. 3206-0001

PERSON APPLYING FOR PREFERENCE

1. Name (Last, First, Middle)	2. Name and Announcement Number of Civil Service or Postal Service Exam You Have Applied For or Position Which You Currently Occupy	
3. Home Address (Street Number, City, State and ZIP Code)	4. Social Security Number	5. Date Exam Was Held or Application Submitted

VETERAN INFORMATION (to be provided by person applying for preference)

6. Veteran's Name (Last, First, Middle) Exactly As It Appears on Service Records			
7. Veteran's Periods of Service			8. Veteran's Social Security Number
Branch of Service	From	To	Service Number
			9. VA Claim Number, If Any

TYPE OF 10-POINT PREFERENCE CLAIMED

INSTRUCTIONS: Check the block which indicates the type of preference you are claiming. Answer all questions associated with that block. The "DOCUMENTATION REQUIRED" column refers you to the back of this form for the documents you must submit to support your application. (PLEASE NOTE: Eligibility for veterans' preference is governed by 5 U.S.C. s 2108, 5 CFR Part 211, and FPM chapter 211. All conditions are not fully described in this form because of space restrictions. The office to which you apply can provide additional information. Instructions on how to apply for five point preference are on SF 171, Application for Federal Employment, or PS Form 2591, Application for Employment (U.S. Postal Service Application).

DOCUMENTATION REQUIRED
(See reverse of this form.)

<input type="checkbox"/>	10. VETERAN'S CLAIM FOR PREFERENCE based on non-compensable service-connected disability; award of the Purple Heart; or receipt of disability pension under public laws administered by the VA.	— — — — —	►	A and B								
<input type="checkbox"/>	11. VETERAN'S CLAIM FOR PREFERENCE based on eligibility for or receipt of compensation from the VA or disability retirement from a Service Department for a service-connected disability.	— — — — —	►	A and C								
<input type="checkbox"/>	12. PREFERENCE FOR A SPOUSE of a living veteran based on the fact that the veteran, because of a service-connected disability, has been unable to qualify for a Federal or D.C. Government job, or any other position along the lines of his/her usual occupation. (If your answer to item "a" is "NO", you are ineligible for preference and need not submit this form.)	a. Are you presently married to the veteran?	<table><tr><th>YES</th><th>NO</th></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>	YES	NO					C and H		
YES	NO											
<input type="checkbox"/>	13. PREFERENCE FOR WIDOW OR WIDOWER of a veteran. (If your answer is "NO" to item "a" or "YES" to item "b", you are ineligible for preference and need not submit this form.)	a. Were you married to the veteran when he or she died? b. Have you remarried? (Do not count marriages that were annulled.)	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>					A, D, E, and G (Submit G when applicable.)				
<input type="checkbox"/>	14. PREFERENCE FOR (NATURAL) MOTHER of a service-connected permanently and totally disabled, or deceased veteran provided you are or were married to the father of the veteran, and --- your husband (either the veteran's father or the husband of a remarriage) is totally and permanently disabled, or --- you are now widowed, divorced, or separated from the veteran's father and have not remarried, or --- you are widowed or divorced from the veteran's father and have remarried, but are now widowed, divorced, or separated from the husband of your remarriage. (If your answer is "NO" to item "c" or "d", you are ineligible for preference and need not submit this form.)	a. Are you married? b. Are you separated? If "YES", do not complete "c". Go to "d". c. If married now, is your husband totally and permanently disabled? d. If the veteran is dead, did he/she die in active service?	<table><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr><tr><td></td><td></td></tr></table>									DISABLED VETERAN: C, F, and H (Submit F when applicable.) DECEASED VETERAN: A, D, E, and F (Submit F when applicable.)

PRIVACY ACT AND PUBLIC BURDEN STATEMENT.

The Veterans' Preference Act of 1944 authorizes the collection of this information. The information will be used, along with any accompanying documentation to determine whether you are entitled to 10-point veterans' preference. This information may be disclosed to: (1) the Department of Veterans Affairs, or the appropriate branch of the Armed Forces to verify your claim; (2) a court, or a Federal, State, or local agency for checking on law violations or for other related authorized purposes; (3) a Federal, State, or local government agency, if you are participating in a special employment assistance program; or (4) other Federal, State, or local government agencies, congressional offices, and international organizations for purposes of employment consideration, e.g., if you are on an Office of Personnel Management list of eligibles. Executive order 9397 authorizes Federal agencies to use the Social Security Number (SSN) to identify individual records in Federal personnel records systems. Your SSN will be used to ensure accurate retention of records pertaining to you and may also be used to identify

you to others from whom information about you is sought. Furnishing your SSN and the other information sought is voluntary. However, failure to provide any part of the information may result in a ruling that you are not eligible for 10-point veterans' preference or in delaying the processing of your application for employment. Public burden reporting for this collection of information is estimated to take approximately 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to Reports and Forms Management Officer, U.S. Office of Personnel Management, 1900 E Street, N.W., Room 6410, Washington, D.C. 20415; and to the Office of Management and Budget, Paperwork Reduction Project (3206-0001), Washington, D.C. 20503.

I certify that all of the statements made in this claim are true, complete, and correct to the best of my knowledge and belief and are made in good faith. (A false answer to any question may be grounds for not employing you, or for dismissing you after you begin work, and may be punishable by fine or imprisonment (U.S. Code, Title 18, Section 1001).

This Form Must Be Signed By All Persons Claiming 10-Point Preference

FOR USE BY APPOINTING OFFICER ONLY Signature and Title of Appointing Officer	Signature of Person Claiming Preference	Date Signed (Month, Day, Year)
	Preference Entitlement Was Verified Name of Agency	Date Signed (Month, Day, Year)

DOCUMENTATION REQUIRED - READ CAREFULLY
(PLEASE SUBMIT PHOTOCOPIES OF DOCUMENTS BECAUSE THEY WILL **NOT** BE RETURNED)

A. DOCUMENTATION OF SERVICE AND SEPARATION UNDER HONORABLE CONDITIONS

Submit any of the documents listed below as documentation, provided they are dated on or after the day of separation from active duty military service:

1. Honorable or general discharge certificate.
2. Certificate of transfer to Navy Fleet Reserve, Marine Corps Fleet Reserve, or enlisted Reserve Corps.
3. Orders of Transfer to Retired List.
4. Report of Separation from a branch of the Armed Forces.
5. Certificate of Service or release from active duty, provided honorable separation is shown.
6. Official Statement from a branch of the Armed Forces showing that honorable separation took place.
7. Notation by the Department of Veterans Affairs or a branch of the Armed Forces on an official statement, described in B or C below, that the veteran was honorably separated from military service.
8. Official statement from the Military Personnel Records Center that official service records show that honorable separation took place.

B. DOCUMENTATION OF SERVICE-CONNECTED DISABILITY (NON-COMPENSABLE, I.E., LESS THAN 10%); PURPLE HEART; AND NONSERVICE-CONNECTED DISABILITY PENSION

Submit one of the following documents:

1. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the present existence of the veteran's service-connected disability of less than 10%.
2. An official citation, document, or discharge certificate, issued by a branch of the Armed Forces, showing the award to the veteran of the Purple Heart for wound or injuries received in action.
3. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs, certifying that the veteran is receiving a nonservice-connected disability pension.

C. DOCUMENTATION OF SERVICE-CONNECTED DISABILITY (COMPENSABLE, I.E., 10% OR MORE)

Submit one of the following documents, if you checked Item 11 on the front of this form:

1. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying to the veteran's present receipt of compensation for service-connected disability or disability retired pay.
2. An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying that the veteran has a service-connected disability of 10% or more.

3. An official statement or retirement orders from a branch of the Armed Forces, showing that the retired serviceman was retired because of permanent service-connected disability or was transferred to the permanent disability retirement list. The statement or retirement orders must indicate that the disability is 10% or more.

For spouses and mothers of disabled veterans checking Items 12 or 14, submit the following:

An official statement, *dated within the last 12 months*, from the Department of Veterans Affairs or from a branch of the Armed Forces, certifying: 1) the present existence of the veterans service-connected disability, 2) the percentage and nature of the service-connected disability or disabilities (including the combined percentage), 3) a notation as to whether or not the veteran is currently rated as "unemployable" due to the service-connected disability, and 4) a notation as to whether or not the service-connected disability is rated as permanent and total.

D. DOCUMENTATION OF VETERAN'S DEATH

1. If on active military duty at time of death, *submit* official notice, from a branch of the Armed Forces, of death occurring under honorable conditions.
2. If death occurred while not on active military duty, *submit* death certificate.

E. DOCUMENTATION OF SERVICE OR DEATH DURING A WAR, IN A CAMPAIGN OR EXPEDITION FOR WHICH A CAMPAIGN BADGE IS AUTHORIZED, OR DURING THE PERIOD OF APRIL 28, 1952 THROUGH JULY 1, 1955

Submit documentation of service or death during a war or during the period April 28, 1952, through July 1, 1955, or during a campaign or expedition for which a campaign badge is authorized.

F. DOCUMENTATION OF DECEASED OR DISABLED VETERAN'S MOTHER'S CLAIM FOR PREFERENCE BECAUSE OF HER HUSBAND'S TOTAL AND PERMANENT DISABILITY.

Submit a statement from husband's physician showing the prognosis of his disease and percentage of his disability.

G. DOCUMENTATION OF ANNULMENT OF REMARRIAGE BY WIDOW OR WIDOWER OF VETERAN

Submit either:

1. Certification from the Department of Veterans Affairs that entitlement to pension or compensation was restored due to annulment.
2. A certified copy of the court decree of annulment.

H. DOCUMENTATION OF VETERAN'S INABILITY TO WORK BECAUSE OF A SERVICE-CONNECTED DISABILITY

Answer questions 1 - 7 below:

<p>1. Is the veteran currently working? <input type="checkbox"/> YES <input type="checkbox"/> NO If "NO", go to Item 3.</p>	<p>2. If currently working, what is the veteran's present occupation?</p>
<p>3. What was the veteran's occupation, if any, before military service?</p>	<p>4. What was the veteran's military occupation at the time of separation?</p>
<p>5. Has the veteran been employed, or is he/she now employed, by the Federal civil service or D.C. Government? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>A. Title and Grade of Position Most Recently, or Currently, Held</p>	<p>B. Name and Address of Agency</p>
<p>C. Dates of Employment From To</p>	
<p>6. Has the veteran resigned from, been disqualified for, or separated from a position in the Federal civil service or D.C. Government along the lines of his/her usual occupation because of service-connected disability? If "YES", submit documentation of the resignation, disqualification, or separation. <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	
<p>7. Is the veteran receiving a civil service retirement pension? <input type="checkbox"/> YES <input type="checkbox"/> NO If "YES", give the Civil Service or Federal Employee retirement annuity number CSA _____</p>	